



APPLICATION FOR BARBER INSTRUCTOR LICENSE BY RECIPROCITY

State Form 51773 (12-04)

Approved by State Board of Accounts, 2004

INDIANA PROFESSIONAL LICENSING AGENCY
302 WEST WASHINGTON STREET, ROOM E034
INDIANAPOLIS, IN 46204-2700
TELEPHONE: (317) 234-3031

FEE: \$100

CONTROL NUMBER

INSTRUCTIONS: Application must be accompanied by \$100 and a photograph bearing your signature.
If the barber school you attended is no longer in business, please include a copy of your certified transcript from the barber school.

Name of applicant (please print or type)	
Address (number and street)	
City, state, ZIP code	Telephone number ()
Social Security number *	Barber license number
* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.	

EDUCATIONAL PREREQUISITES

Check one:	<input type="checkbox"/> High school graduate	Date of graduation (month, day, year)
	<input type="checkbox"/> High school equivalency certificate (GED)	Date of GED certificate (month, day, year)

INSTRUCTOR TRAINING / EXPERIENCE EQUIVALENT

Have you completed the instructor education?	
Name of school	Date of enrollment (month, day, year)
Location of school (number and street, city, state, ZIP code)	Date of graduation (month, day, year)

DISCLOSURE OF CONVICTION RECORD

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have been convicted of a felony, please include a written explanation and copies of court documents.

VERIFICATION AND SIGNATURE / NOTARY STATEMENT

I do hereby certify and declare that I will abide by and obey all provisions of the law and rules adopted by the board. I hereby certify that I completed this application and that the answers appearing herein are true and correct to the best of my knowledge and belief.		
Signature of applicant	Printed or typed name of applicant	
Signature of Notary Public	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public (month, day, year)	County of residence	Date commission expires (month, day, year)

CERTIFICATE OF TRAINING

THIS SECTION TO BE COMPLETED BY THE BARBER SCHOOL ON BEHALF OF THE EXAMINATION APPLICANT

(Disregard this section if applying under the experience equivalent)

I hereby certify that _____ has completed nine hundred (900) hours of instructor training and (name of applicant)	
has graduated from the _____ School of Barbering. (name of school)	
Signature of school director / instructor	Printed name of school director / instructor

SEE REVERSE SIDE

NOTARY CERTIFICATE

STATE OF: _____

COUNTY OF: _____

I, _____ have been duly sworn on oath, say that I am the above named school director / instructor, that
(name of school director / instructor)

I have personally prepared the foregoing certificate of training, and that the same is true to the best of my knowledge and belief.

Signature of school director / instructor	Printed name of school director / instructor
Signature of Notary Public	Printed name of Notary Public
Date subscribed and sworn to Notary Public (month, day, year)	Date commission expires (month, day, year)

AFFIX RECENT PHOTOGRAPH HERE